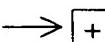


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Customer# 24498

PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU020493
First Named Inventor	Guillen
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR TAGGING AND DISPLAYING SONGS IN A DIGITAL AUDIO
PLAYER**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/434/710 60/434,711	17 December 2002 17 December 2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label			<input type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	Two Independence Way				
City PRINCETON	State NJ		ZIP 08540		
Country USA	Telephone 609 734 6834		Fax 609 734 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>Newton Galileo</u>		Family Name <u>GUILLEN</u> or Surname			
Inventor's Signature <i>Newton Galileo Guillen</i>				Date <i>1/26/04</i>	
Residence: City <u>CARMEL</u>	State <u>INDIANA</u>	IN	Country <u>US</u>	Citizenship <u>PANAMA</u>	
Mailing Address 742 MARANA DRIVE					
City <u>CARMEL</u>	State <u>INDIANA</u>		ZIP 46032	Country US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>LISA RENEE</u>		Family Name <u>JOHNSON</u> or Surname			
Inventor's Signature <i>Lisa Renee Johnson</i>				Date <i>01/26/04</i>	
Residence City: <u>INDIANAPOLIS</u>	State <u>INDIANA</u>	IN	Country <u>US</u>	Citizenship <u>U.S.A.</u>	
Mailing Address 9109 DEW CIRCLE					
City <u>INDIANAPOLIS</u>	State <u>INDIANA</u>		ZIP 46260	Country U.S.A.	
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>BOTAO</u>		Family Name or Surname <u>LIN</u>		
Inventor's Signature <u>BE</u>	Residence: City <u>WESTFIELD</u> State <u>INDIANA</u>		Country <u>US</u>	Date <u>02/07/2004</u>
Mailing Address Mailing Address <u>457 VIBURNUM RUN 10500 Fountain Lake Dr. Apt. 734 (BTL.)</u>				
City <u>WESTFIELD</u> State <u>Texas</u>	State <u>INDIANA</u>	ZIP <u>46032-77477</u>	Country <u>US</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>KAM KELING</u>		Family Name or Surname <u>FUNG</u>		
Inventor's Signature <u>Stafford</u>			Date	
Residence: City <u>HONG KONG</u>	State	Country <u>PRC</u>	Citizenship	CHINA
Mailing Address				
Mailing Address <u>4/F, 7 PAK SHA ROAD, CAUSEWAY BAY</u>				
City <u>HONG KONG</u>	State	Zip	Country	<u>PRC</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature <u></u>	Date			
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

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DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
BOTAO		LIN			
Inventor's Signature		Date			
Residence: City	WESTFIELD	State	INDIANA	Country	US
Citizenship CHINA					
Mailing Address					
Mailing Address	457 VIBURNUM RUN				
City	WESTFIELD	State	INDIANA	ZIP	46032
Country US					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
KAM KEUNG		FUNG			
Inventor's Signature					Date <i>Jan. 16/03</i>
Residence: City	HONG KONG	State	Country PRC		Citizenship CHINA
Mailing Address					
Mailing Address	4/F, 7 PAK SHA ROAD, CAUSEWAY BAY				
City	HONG KONG	State	Zip	Country	PRC
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature					Date
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	NEWTON GALILEO GUILLEN et al.
Title	METHOD FOR TAGGING AND DISPLAYING SONGS IN A DIGITAL AUDIO PLAYER
Art Unit	
Examiner Name	
Attorney Docket Number	PU020493

I hereby appoint:

 Practitioners at Customer Number
OR**Customer Number 24498** Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number:**OR** The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations			
Address	THOMSON LICENSING INC.			
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP 08543-5312
Country	USA			
Telephone	609-734-6818	Fax	609-734-6888	

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	RONALD H. KURDYLA/REC NO. 26,932		
Signature			
Date	6-6-05	Telephone	609-734-6818

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY
THOMSON LICENSING S.A.

We,

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.

B. de Musse

SIGNED

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THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

does hereby grant

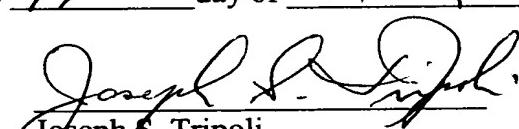
Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
Robert D. Shedd - Manager

*Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17th day of March, 2004.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS



POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

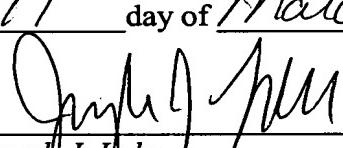
does hereby grant

Paul P. Kiel
Sr. Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17 day of March, 2004.

SIGNED


Joseph J. Iaks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS


Dauda Fornacotto